

CAP/C Listening Session Summary

A Community Alternatives Program for Children (CAP/C) listening session was held on Oct. 19, 2017.

Audience: CAP/C beneficiaries, family members and other stakeholders

Stakeholder participation:

- In-person: 20 individuals
- Conference line: 63 individuals

Purpose: To hear from invested stakeholders their comments in the areas of:

- How you learned about CAP/C;
- What CAP/C services provide support to your family;
- How case management support your access to care;
- How the consumer-directed option works for you;
- Suggestions to strengthen case management services;
- Positive impacts of the new policy on your family; and
- Concerns with the coverage of the new waiver.

Summary of comments:

- Without CAP/C services I would have lost my home
- Statewide rollout of consumer-direction – offers an alternative to families where formal services are not readily available; allows flexibility and person-centeredness
- CAP/C service requests – the team approach offers quick reviews and a direct point person; the methodology of how waiver services are defined and approved allows flexibility and greater ability to meet family needs
- EPSDT- the process is burdensome and time consuming; case managers and providers have a difficult time completing the required paperwork
- Listening sessions – should be convenient for the beneficiaries and families and the state should host all listening sessions in various regions of the state and at later times to promote convenience to allow better participation
- Approval of a waiver service - requesting a service under participant goods and services and assistive technology is unclear; prefer the State to create a more comprehensive definition or a list of items that are approvable
- Reimbursement of claims – submitting a claim for some waiver services such as training, education and consultative services may result in a denial
- Coordinating non-waiver services – beneficiaries approved to receive a service such as Private duty nursing can be challenging in terms of who takes the lead to initiate a service request or change; prefer the State to use CAP/C case managers to initiate changes to services needs and requests
- Rate reimbursement - the rate for personal care services is under the market rate which causes resource gaps in specific regions of the state and for that reason, the State should consider a rate increase

- Review process for a CAP/C request – this review process seems to be inconsistent given the experience level of the assigned consultant; the State should create a streamline process to offer consistency from one consultant to the next, which may decrease the timeline to reach a decision by the assigned consultant.

Questions Presented during the listening session:

Q: What is the protocol to ensure service agencies are charging care hours appropriately to ensure the hours are not submitted frequently or incorrectly? What is the check and balance? Can we get a monthly report of hours used?

A: The CAP/C waiver uses a program methodology called prior approval to ensure DMA adheres to federal and state regulations. What this means is that once the service plan is approved which identifies the approved hours and other approved waiver services, the IT vendor for e-CAP submits an electronic file to NCTracks to set those limits and to deny a claim that is outside of the prior approved limits. If a claim is submitted more than the approved limits, NCTracks will deny the claim. This is one of the checks and balances DMA has in place. Another check and balance is case management monthly and quarterly interaction with both the beneficiary/family and the provider to assess provision of services.

Q: If a case management agency can provide services in one county, can they automatically be approved to provide case management in all counties?

A: Case management is assigned based on the proximity of their business office to the CAP/C population in a particular service area. Assignments of county coverage is made by DMA based on the case management connection to the service region, ability to meet basic provider qualifications and past performance as a case management agency.

Q: Will DMA be re-visiting the estimated expense of institutionalizing medically fragile children, considering the exponentially increased cost of care, therapy, prescriptions, medically trained professional, DME and supplies?

A: DMA routinely reviews cost of programs to ensure fiscal soundness in terms of budgetary planning.